

BNY MELLON

ARTHUR F. BLANCHARD TRUST

Administered by the BNY Mellon Charitable Giving Program

2011 White Stadium Sports Center, Franklin Park

Registration & Parent/Guardian Consent Form

Please complete both side completely.

Please print all information & complete one application per child (copy if needed).

Applicant's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____

ALLERGIES: ☐ Asthma ☐ Sinus ☐ Insect Bites ☐ Food ☐ Hay Fever
☐ Poison Ivy ☐ Beverages ☐ Diabetes ☐ Seizures

Any unlisted conditions please explain in detail: _____

Program operates Tuesday through Friday from 9:00AM – 3:00PM. Transportation is not provided. It is the responsibility of the parent/guardian to accompany the child to the sports center and to pick the child up after the session. **All participants must be picked up by 3:00PM.** All programs are free and open to City of Boston residents (boys and girls), ages 7-14. Participants are required to bring lunch and a snack. The department will supply water and ice.

Applicants may select from one to six weeks.
All participants must be picked up by 3:00PM.

Applicants may choose **one sport** during the week(s) of their choice:

WEEK 1 July 5 – July 8

☐ Baseball ☐ Softball ☐ Track & Field ☐ Basketball ☐ Tennis
☐ Volleyball ☐ Boys Fitness ☐ Girls Fitness ☐ Double Dutch

WEEK 2 July 12 – July 15

☐ Baseball ☐ Softball ☐ Track & Field ☐ Basketball ☐ Tennis
☐ Volleyball ☐ Boys Fitness ☐ Girls Fitness ☐ Double Dutch

WEEK 3 July 19 – July 22

☐ Basketball ☐ Track & Field ☐ Soccer ☐ Girls Fitness
☐ Boys Fitness ☐ Tennis ☐ Double Dutch

WEEK 4 July 26 – July 29

☐ Basketball ☐ Track & Field ☐ Double Dutch ☐ Girls Fitness
☐ Boys Fitness ☐ Soccer ☐ Rugby ☐ Tennis

WEEK 5 August 2 – August 5

☐ Basketball ☐ Track & Field ☐ Double Dutch ☐ Girls Fitness
☐ Boys Fitness ☐ Football ☐ Volleyball ☐ Tennis

WEEK 6 August 9 – August 12

☐ Basketball ☐ Track & Field ☐ Double Dutch ☐ Girls Fitness
☐ Boys Fitness ☐ Football ☐ Volleyball ☐ Tennis

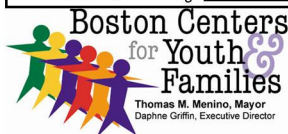
PLEASE RETURN THIS FORM TO:

Attn: Larelle Bryson Boston Centers for Youth & Families 1483 Tremont Street, Boston, MA 02120

For Office Use Only

Site: _____ Date Received: _____

Staff Member Entering: _____ ID: _____ Fee Type: _____



Youth Only Membership Application

The mission of Boston Centers for Youth & Families is to enhance the quality of life for Boston residents by partnering with community center councils, agencies, and businesses to support children, youth, individuals and families through a wide range of comprehensive programs and services according to neighborhood needs.

MEMBER 1 INFORMATION

First Name: _____ Last Name: _____ ☐ Female ☐ Male

Home Address: _____ Date of Birth: _____
Street Apt. City/Neighborhood Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

Ethnicity (select all that apply): ☐ Asian ☐ Black ☐ Native American ☐ Native Hawaiian ☐ White Are you of Hispanic or Latino origin? ☐ Yes ☐ No

School: _____ Grade: _____
Type of School: ☐ Public ☐ Charter ☐ Private/Parochial ☐ Homeschool

Child lives with (select all that apply): ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Aunt/Uncle ☐ Sister/Brother ☐ Step Parent
☐ Grandparent ☐ Foster Parent ☐ Guardian ☐ Other: _____

Medical Information

Health Insurance Company: _____ Hospital Name: _____

Do you have any medical conditions or allergies? ☐ No ☐ Yes. If yes, please select type/s and describe below:

☐ Allergies ☐ Asthma ☐ Physical Restrictions ☐ Medications ☐ Other: _____

Description: _____

Is there any additional information we should know about this you? ☐ No ☐ Yes: _____

Parent/Guardian Contact Information *(These two contacts are authorized to pick-up youth from Boston Centers for Youth & Families Community Centers.)*

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Home Address: _____ Home Address: _____
Street Apt. City/Neighborhood Zip Code

Home: _____ Work: _____ Cell: _____ Home: _____ Work: _____ Cell: _____

Emergency Contact Information *Please specify two people (other than a parent or guardian for youth) who can be contacted in case of emergency. (These two contacts are authorized to pick-up youth family members from the Boston Centers for Youth & Families Community Center.)*

Primary Contact Name: _____ Secondary Contact Name: _____

Home Address: _____ Home Address: _____
Street Apt. City/Neighborhood Zip Code

Home: _____ Work: _____ Cell: _____ Home: _____ Work: _____ Cell: _____

The application is factual and complete to the best of my ability.

I hereby waive and release any and all rights, causes of action, and claims for damages I may have against the City of Boston, Boston Centers for Youth & Families, and any and all other associated individuals or organizations, for any and all personal injuries or property damage resulting from my participation in Boston Centers for Youth and Families Programs.

I, the undersigned parent or guardian of [____], a minor, hereby consent to his/her Boston Centers for Youth & Families membership and waive and release any and all rights, causes of action and claims for damages I may have against the City of Boston, Boston Centers for Youth & Families, and any and all other associated individuals or organizations, arising out of any and all personal injuries or property damage which I may now or hereafter have as the parent or guardian of said minor, and also all rights, causes of action, and claims which said minor has or may acquire resulting from his/her participation in the program.

I give consent for me/my child to be administered first aid and to be treated by an emergency medical technician-paramedic, nurse or physician. Any follow up medical attention may be given at a local hospital and transportation to a Boston hospital is authorized. I give my consent for photographs, audiotapes, and video records of me/my child to be used by Boston Centers for Youth & Families for publicity purposes. I also agree to allow Boston Centers for Youth & Families to use photographs, audiotapes, video records or other work produced by the member for publicity purposes.

I understand that transportation is not provided and it is my responsibility to arrange transportation to and from Boston Centers for Youth & Families Community Centers.

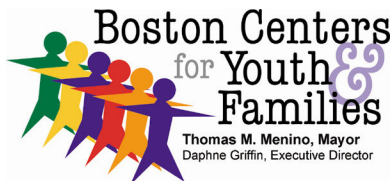
Failure to comply with these rules and expectations can lead to termination of membership.

Signature of Member

Date

Signature of Parent/Guardian *(if member is under 18)*

Date



BNY MELLON™

ARTHUR F. BLANCHARD TRUST

Administered by the BNY Mellon Charitable Giving Program

2011 White Stadium Reading, Writing and Math Enrichment Program, Franklin Park
Registration & Parent/Guardian Consent Form

Please print all information & complete one application per child (copy if needed).

Applicant's Name: _____ Birth Date: _____

School: _____ Grade (September 2011): _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: MA Zip Code: _____

Phone (day): _____ (evening): _____ (cell): _____

E-mail: _____

In case of emergency:

Name: _____ Phone: _____

Program operates Mondays 9:00AM – 2:30PM.

Participants are required to bring lunch and a snack. The department will supply water and ice.

Transportation is not provided. It is the responsibility of the parent/guardian to accompany the child to White Stadium and to pick the child up after the session. **All participants must be picked up by 3:00PM.** This program is free and open to City of Boston residents (boys and girls), ages 7-14.

The application is factual and complete to the best of my ability.

I hereby waive and release any and all rights, causes of action, and claims for damages I may have against the City of Boston, Boston Centers for Youth & Families, and any and all other associated individuals or organizations, for any and all personal injuries or property damage resulting from my participation in Boston Centers for Youth and Families Programs.

I, the undersigned parent or guardian of [____], a minor, hereby consent to his/her Boston Centers for Youth & Families membership and waive and release any and all rights, causes of action and claims for damages I may have against the City of Boston, Boston Centers for Youth & Families, and any and all other associated individuals or organizations, arising out of any and all personal injuries or property damage which I may now or hereafter have as the parent or guardian of said minor, and also all rights, causes of action, and claims which said minor has or may acquire resulting from his/her participation in the program.

I give consent for me/my child to be administered first aid and to be treated by an emergency medical technician-paramedic, nurse or physician. Any follow up medical attention may be given at a local hospital and transportation to a Boston hospital is authorized. I give my consent for photographs, audiotapes, and video records of me/my child to be used by Boston Centers for Youth & Families for publicity purposes. I also agree to allow Boston Centers for Youth & Families to use photographs, audiotapes, video records or other work produced by the member for publicity purposes.

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Failure to comply with these rules and expectations can lead to termination of membership.

Parent/Guardian signature: _____ Date: _____

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Attn: Larelle Bryson Boston Centers for Youth & Families 1483 Tremont Street, Boston, MA 0212